Robinson, Nehemiah v. T. Catlett, et al.
USDC-Southern District Case No. 08-CV-00161-H (BLM)

EXHIBIT 2

...D CAL APPEALS JUL 03 2007
RECEIVED CAL APPEALS JUL 27 2007

DEPARTMENT OF CORRECTIONS

INMATE/PAROLEE APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region	Log No.	Category
1. CAL	B 07 01247 CV	8, Por CDW
2.	2.	

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

C-FILE COPY

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
NEHEMIAH ROBINSON	J-71342	———	B-2-107

A. Describe Problem: PETITIONER HEREBY MOVE TO REDRESS THE DEPRIVATION, UNDER COLOR OF STATE LAW, OF RIGHTS SECURED BY THE U.S. CONSTITUTION. I HEREBY INVOKE MY FEDERALLY SECURED AND ESTABLISHED RIGHT TO FILE THIS COMPLAINT PER. THE 1ST AMEND. OF THE U.S. CONSTITUTION, PER. CCR TITLE 15 § 3084.1. (a) AND PER THE SETTLEMENT AGREEMENT REACHED IN PLATA V. DAVIS (PLATA IS A FEDERAL CIVIL RIGHTS CLASS ACTION LAWSUIT REGARDING MEDICAL CARE IN ALL CALIFORNIA PRISONS, AND EVERY CDC PRISONER WHO HAS SERIOUS MEDICAL CONDITION IS A MEMBER OF THE CLASS COVERED BY THE LAWSUIT.) PETITIONER ASSERT THAT HE IS A "CHRONIC CARE PATIENT" THAT SUFFER FROM "SIGNIFICANT COLLAGEN VASCULAR DISEASE / →

If you need more space, attach one additional sheet.

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B. Action Requested: WHEREFORE IT IS RESPECTFULLY REQUESTED 1) TO KNOW WHEN SAID MEDICATION WAS APPROVED AND THE START DATE FOR PETITIONER TO RECEIVE SAID MEDICATION, 2) TO BE GIVEN THE PRESCRIBED MEDICATION ON TIME, 3) MEDICAL STAFF RESPONSIBLE BE COUNSELED TO PREVENT FURTHER INCIDENTS OF THIS NATURE, AND 4) COMPENSATED $5,000.00 FOR PAIN AND SUFFERING.

Inmate/Parolee Signature: [signature] Date Submitted: 6-18-07

C. INFORMAL LEVEL (Date Received: ____________)

Staff Response: ____________

Staff Signature: ____________ Date Returned to Inmate: ____________

CSP-CAL-BYPASS

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: ____________ Date Submitted: ____________

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

CAL B 07 01247 CV

RECEIVED CAL APPEALS JUL 03 2007 CAL -- S0701247
(DESCRIBE PROBLEM)
RECEIVED CAL APPEALS JUL 27 2007

POST-TRAUMATIC DEGENERATIVE ARTHRITIS IN MAJOR JOINTS (PLEASE SEE MEDICAL FILE) WHICH DEBILITATE AND IMPAIRS MY ABILITY TO FUNCTION NORMAL AT TIMES. PETITIONER FURTHER ASSERT THAT HE UNDERWENT "A.C.L RECONSTRUCTION WITH AUTO-GRAFT OF THE RIGHT KNEE, ASSERTING THAT PETITIONER ALSO SUFFER FROM A " LATERAL [redacted] MENISCAL TEAR AND AWAIT SURGERY ON THE RIGHT KNEE" (PLEASE SEE MEDICAL FILE).

PETITIONER ASSERT THAT HE HAVE BEEN EXPERIENCING SEVERE PAIN IN HIS RIGHT-KNEE AND IN HIS MAJOR JOINTS, PETITIONER HAS COMPLAINED CONTINUOUSLY OF SAID CONDITIONS. AND AS A RESULT, PETITIONER WAS TAKEN TO AN OUT-SIDE HOSPITAL IN THE MONTH OF MAY, 07; EXAMINED AND PRESCRIBED PAIN MEDICATION BY AN ORTHO-SPECIALIST (NAME UNKNOWN) (SEE MEDICAL FILE). THE DOCTOR (SPECIALIST) PRESCRIBED "TRAMADOL HYDROCHLORIDE 50 MG TABLET".

PETITIONER ASSERT THAT ON 6-17-07, AT 4:40 P.M, D. NOREIGA (LVN) GAVE ME MY MEDICATION, RECEIVED FOR THE "FIRST-TIME", TO WIT, TRAMADOL HYDROCHLORIDE 50 MG TABLET. D. NOREIGA (LVN) STATED THAT SHE DONT KNOW WHY PETITIONER HAVE NOT BEEN RECEIVING HIS PAIN MEDICATION, AND DONT KNOW WHEN IT WAS APPROVED, THAT SHE WILL LET ME KNOW TOMORROW.

PETITIONER ASSERT THAT ON 6-18-07 AT OR ABOUT 7:15 A.M D. NOREIGA (LVN) WAS PASSING-OUT MEDICATION AND [redacted] PETITIONER REQUESTED HIS PAIN MEDICATION? D. NOREIGA (LVN) DID NOT HAVE PAIN MEDICATION FOR PETITIONER, NOR DID SHE RECALL GIVEN PETITIONER HIS PAIN MEDICATION ON 6-17-07, NOR COULD D. NOREIGA (LVN) GIVE THE DATE SAID MEDICATION WAS APPROVED. D. NOREIGA (LVN) THEN WROTE PETITIONER NAME DOWN AND SAID THAT SHE WILL CHECK INTO THE MATTER. PETITIONER ASSERT THAT HE GAVE D. NOREIGA [illegible] (SEE MEDICAL FILE).

ARGUMENT

PETITIONER ASSERT THAT THE UNITED STATES DISTRICT COURT PRESIDED OVER THE CLASS ACTION CIVIL SUIT (PLATA V. DAVIS) WHICH A SETTLEMENT WAS REACHED IN PART AUTHORIZING IMPROVEMENT IN MEDICAL CARE IN ALL CALIFORNIA PRISONS. SPECIFICALLY, CALIPATRIA STATE PRISON IS/ WAS SCHEDULED TO COMPLY WITH THE NEW MEDICAL POLICIES AND PROCEDURES IN "2007". (MEDICATION: FORMULARY PRESCRIPTIONS TO BE FILLED IMMEDIATELY . . . ADEQUATE PHARMACY STAFFING . .)

AUTHORITY

ARTICLE 8. MEDICAL AND DENTAL SERVICES

3350. (a)(b)(1)(4)(5)

) THE EIGHT AMEND. OF THE U.S. CONSTITUTION

(CRUEL AND UNUSUAL PUNISHMENT)

ESTELLE V. GAMBLE, 429 U.S. AT 104-05. (JAIL AND PRISON OFFICIALS MAY NOT INTERFERE WITH OR FAIL TO CARRY OUT TREATMENT THAT A DOCTOR OR OTHER MEDICAL OFFICIALS HAS PRESCRIBED OR ORDERED FOR YOU.)

* MD [illegible] : [illegible]   CAL   SD 0701247

First Level ☐ Granted ☒ P. Granted ☐ Denied ☐ Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: JUL 05 2007 Due Date: 8/15/07

Interviewed by: Insalgado RN 1) Tramadol ordered but never noted on 5/23/07 @1400. I/P should have received medication that same day or the following day 2) & 3) Will discuss the issue with Bryard medical staff regarding prevention of these types of issues. 4) I/P requesting $5,000.00 for pain and suffering. Is this possible? If so, who can answer this?

* The appeal process does not allow for monetary compensation at any level.

Staff Signature: [signature] Title: RN Date Completed: 7/20/07

Division Head Approved Signature: Maria Correa Title: ______ Returned Date to Inmate: JUL 24 2007

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

WHEREFORE PLAINTIFF REQUEST A SECOND-LEVEL REVIEW FOR THE FOLLOWING REASONS 1). PLAINTIFF HAVE NOT RECEIVED THE AMOUNT REQUESTED FOR PAIN AND SUFFERING, 2) PLAINTIFF IS EXPERIENCING SEVERE PAIN IN HIS (R) KNEE AND LOWER BACK AND HAVE NOT SEEN THE DOCTOR TO EXAMINED PLAINTIFF AND, 3) REFILL OR PRESCRIBE PAIN MEDICATION AND SCHEDULE FOR (R) KNEE SURGERY. THANK YOU.

Signature: Nehemiah Robinson Date Submitted: 7-25-07

RECEIVED CAL APPEALS JUL 27 2007

Second Level ☐ Granted ☒ P. Granted ☐ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: JUL 30 2007 Due Date: 8/24/07

☒ See Attached Letter

Signature: Maria Correa Date Completed: 8/30/07

Warden/Superintendent Signature: [signature] MD CMO/[illegible] Aug/30/07 Date Returned to Inmate: ______

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: ______ Date Submitted: ______

For the Director's Review, submit all documents to: Director of Corrections
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

☐ See Attached Letter

Date: ______

CDC 602 (12/87)

State of California Department of Corrections and Rehabilitation

Memorandum

Date : August 20, 2007

To : Inmate ROBINSON, N. CDC# J71342
B2-107

Subject : **SECOND LEVEL APPEAL RESPONSE**
LOG NO: CAL-B-07-01247

ISSUE: The appellant is submitting this appeal relative to MEDICAL.

It is the appellant's position that he suffers from severe pain to his right knee and in his major joints. The appellant claims he was seen by an Ortho Specialist in May 2007, and was prescribed Tramadol for his pain; however, appellant claims he never received his medication.

The appellant is requesting to know when the medication was ordered and when he was suppose to receive it. The appellant further request that he receive the medication on time and that medical staff be counseled to prevent further incidents from occurring and that he be compensated $5000.00 for pain and suffering.

INTERVIEWED BY: J.M. SALGADO, RN, on July 20, 2007.

REGULATIONS: The rules governing this issue are:

California Code of Regulations, Title 15, Article (CCR) 3350. **Provision of Medical Care and Definitions**

DISCUSSION: In consideration of this appeal, a review of the appeal and its attachments was conducted. The CCR and all applicable laws and procedures were also considered along with the contents of the appellant's Unit Health Record (UHR) and a personal interview.

The appellant was advised in the First Level Response that the medication (Tramadol) was ordered on May 23, 2007, but was never noted. The revised CDCR formulary of May 2007, had removed Tramadol. Delay occurred due to clarification of usage from Sacramento. After discussion with the Pharmacy staff in regard to the appellant's concern, Pharmacy staff stated that the Tramadol was ordered for the appellant on May 23, 2007 and again on August 2, 2007. The appellant's concern that he did not receive his medication in a timely manner was addressed with the Facility B Medical staff. Medical staff was advised of the importance of medication being delivered to the Inmate/Patient's in a timely manner or as soon as a discrepancy is determined. The appellant was seen on August 1, 2007, by his Primary Care Provider (PCP), S. Young, and the medication was ordered again for ninety days. The appellant is currently receiving his medication. Also a referral was submitted to the Medical Authorization Review Committee for the appellant to be seen by an Orthopedist, which is currently pending approval. The appellant is advised that in the future when medication needs to be refilled, he should notify medical staff a week prior to medication running out. If medication is not received, appellant is advised to notify medical staff as soon as possible. The appeal process does not allow for monetary compensation at any level.

DECISION: The appeal is **Partially Granted** at the Second Formal Level in that the appellant is receiving the Tramadol ordered by the specialist and his PCP. The appellant is also advised that the referral to see the Orthopedist is currently being reviewed by the MAR Committee and pending approval.

The appellant is advised that his issue may be submitted for a Director's Level Review within 15 days of receipt of this response if desired.

M. CORREA, RN
Supervising Registered Nurse II
Calipatria State Prison

Reviewed by:

K. BALL, D.O., CP&S
Chief Physician/Surgeon
Calipatria State Prison

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE APPEALS BRANCH
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

DIRECTOR'S LEVEL APPEAL DECISION

Date: DEC 14 2007

In re: Nehemiah Robinson, J71342
Calipatria State Prison
P.O. Box 5002
Calipatria, CA 92233

IAB Case No.: 0708660 Local Log No.: CAL-07-01247

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner V. O'Shaughnessy. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: It is the appellant's position that he suffers from severe pain to his right knee and in his major joints. The appellant claims he was seen by an orthopedic specialist in May 2007, and was prescribed Tramadol for his pain. The appellant claims he never received his Tramadol. The appellant is requesting to know when the Tramadol was ordered and when he was supposed to receive it. The appellant further requests that he receive the Tramadol on time and that medical staff be counseled to prevent further incidents from occurring. He also requests a compensation of $5,000 for his pain and suffering.

II SECOND LEVEL'S DECISION: The reviewer found that the appellant was advised in the First Level of Review that Tramadol was ordered on May 23, 2007, but was never noted. The revised CDCR formulary of May 2007, had removed Tramadol. Delay occurred due to clarification of usage from Sacramento. Pharmacy staff stated that the Tramadol was ordered for the appellant on May 23, 2007 and again on August 2, 2007. The appellant's concern that he did not receive his medication in a timely manner was addressed with the Facility "B" medical staff. The appellant was seen on August 1, 2007 by his primary care physician and the medication was reordered for ninety days. The appellant is currently receiving his medication. Also, a referral was submitted to the Medical Authorization Review Committee for the appellant to be seen by an orthopedist, which is currently pending approval. The appellant is advised that in the future when medication needs to be refilled, he should notify the medical staff a week prior to the expiration date. If medication is not received, appellant is advised to notify medical staff as soon as possible. The appeal process does not allow for monetary compensation at any level. The appeal was granted in part at the Second Level of Review (SLR) on August 20, 2007.

III DIRECTOR'S LEVEL DECISION: Appeal is denied.

A. FINDINGS: The Director's Level of Review reviewed the appellant's appeal complaint, the SLR response and contacted the institution medical staff for further information. On November 1, 2007, E. Banaga-Bugarin, Medical Appeals Coordinator, reported that the appellant is currently receiving Tramadol and Tylenol. He was evaluated by an orthopedist on October 10, 2007; a follow-up was requested once the magnetic resonance imaging (MRI) study was completed. On October 29, 2007, the appellant had the MRI study. A follow-up with the orthopedist will be scheduled. All of the appellant's issues on appeal have been addressed by the institution. Monetary compensation is beyond the scope of the appeals process. No modification to the SLR is warranted.

The appellant has added new issues and requests to his appeal. The additional requested action is not addressed herein as it is not appropriate to expand the appeal beyond the initial problem and the initially requested action (CDC Form 602, Inmate/Parolee Appeal Form, Sections A and B).

B. BASIS FOR THE DECISION:
California Code of Regulations, Title 15, Section: 3350, 3354

NEHEMIAH ROBINSON, J71342
CASE NO. 0708660
PAGE 2

C. ORDER: No changes or modifications are required by the Institution.

This decision exhausts the administrative remedy available to the appellant within CDCR. If dissatisfied, the appellant may forward this issue to the California Victims Compensation and Government Claims Board, (formerly known as the State Board of Control), Government Claims Unit, P.O. Box 3035, Sacramento, CA 95812-3035, for further review.

N. GRANNIS, Chief
Inmate Appeals Branch

cc: Warden, CAL
Health Care Manager, CAL
Appeals Coordinator, CAL
Medical Appeals Analyst, CAL

Robinson, Nehemiah v. T. Catlett, et al.
USDC-Southern District Case No. 08-CV-00161-H (BLM)

EXHIBIT 3

RECEIVED CAL APPEALS SEP 14 200?

C-FILE COPY

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST

CDC 1824 (1/95)

INSTITUTION/PAROLE REGION:	LOG NUMBER:	CATEGORY:
CAL	A 0701747	18. ADA

NOTE: **THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES**

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT)	CDC NUMBER	ASSIGNMENT	HOURS/WATCH	HOUSING
NEHEMIAH ROBINSON	J-71342	———	———	A-5-109L

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "F" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY: "SIGNIFICANT COLLAGEN VASCULAR DISEASE / POST TRAUMATIC DEGENERATIVE ARTHRITIS IN MAJOR JOINTS," AND SUFFER FROM A "RIGHT-KNEE LATERAL MENISCAL TEAR," AND HAVE BEEN SCHEDULED FOR SURGERY. I HAVE BEEN IN THIS CONDITION FOR YEARS, AND SAID CONDITIONS DEBILITATE AND IMPAIRS MY ABILITY TO FUNCTION NORMAL (AND HAVE A VALGUS DEFORMITY OF THE (R) KNEE).

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY? PLEASE SEE ATTACHED EXHIBITS: RADIOLOGY REPORT DATED 9-25-03; CONSULTATION TREATMENT RECORD DATED 12-22-03; PHYSICIANS ORDER DATED 2-3-05, AND [redacted] 3-22-01; AND COMPREHENSIVE ACCOMMODATION CHRONOS (CDC 7410) DATED 2-14-07 AND 3-27-01.

DESCRIBE THE PROBLEM: I ASSERT THAT I APPEARED BEFORE ICC (COMMITTEE) ON 8-23-07, AND THE CHAIRMAN OF COMMITTEE SPECIFICALLY INSTRUCTED C/O WHIDMAN TO GIVE ME BACK MY WALKING CANE, BUT THIS HAVE NOT BEEN DONE, I WAS ONLY ISSUED A CDC 7362 AND WAS ASKED TO FILL IT OUT AND SUBMIT IT TO MEDICAL STAFF. I DID AS REQUESTED, STILL NO RESULTS. NOTE: I AM CURRENTLY IN AD/SEG 4 "ALLEGING" BATTERY ON INMATE W/ WEAPON. YET COMMITTEE WAS AND IS AWARE OF THE "ALLEGATIONS" MADE AGAINST ME, BUT THEY AND THE CHAIRMAN UNDERSTOOD THE NEED AND SERIOUSNESS OF MY CONDITIONS, THATS WHY MY CANE → WAS ALLOWED TO POSSESS.

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED? 1) THAT I BE ISSUED MY OR A WALKING CANE, 2) THAT MY [redacted] COMPREHENSIVE ACCOMMODATION CHRONO DATED 3-27-01 BE RENEWED, AND 3) THAT A COMPREHENSIVE ACCOMMODATION CHRONO BE GENERATED FOR SINGLE-CELL-STATUS DUE TO MY MEDICAL CONDITIONS (AUTHORITY: 1) FARMER V. BRENNAN, 511 U.S. AT 846 n.9; 2) PENNSYLVANIA DEPT. OF CORRECTIONS V. YESKEY, 524 U.S 206 (1998); 3) AND THE 8TH/14TH AMEND. OF THE U.S. CONSTITUTION; AND 4) SAUNDERS V. HORN, 960 F. SUPP. 893 (E.D. Pa. 1997).

[signature]
INMATE/PAROLEE'S SIGNATURE

9-11-07
DATE SIGNED

CAL A 0701747

RECEIVED CAL APPEALS SEP 14 2007

L A0701747

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST
CDC 1824 (1/95)

REVIEWER'S ACTION

DATE ASSIGNED TO REVIEWER: SEP 14 2007
DATE DUE: 10/05/07

TYPE OF ADA ISSUE

☐ PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification)

☒ Auxiliary Aid or Device Requested

☐ Other

☐ PHYSICAL ACCESS (requiring structural modification)

DISCUSSION OF FINDINGS: A Review of the Circumstances leading to the removal of the Cane was Completed. The Cane was removed for cause, and processed into evidence. I/m has be rehoused alone, thus eliviating the immediate threat. Arrangements have been made to provide the I/m with a replacement Cane

9-20-07
DATE INMATE/PAROLEE WAS INTERVIEWED

R. Nelson, Jr. Lt.
PERSON WHO CONDUCTED INTERVIEW

DISPOSITION

☒ GRANTED ☐ DENIED ☐ PARTIALLY GRANTED

BASIS OF DECISION: Medical determined that the need for a Cane was ongoing. Therefore, medical has been directed by myself to replace the Cane immediately.

NOTE: *If disposition is based upon information provided by other staff or other resources, specify the resource and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time frames if appropriate.*

DISPOSITION RENDERED BY: (NAME)	TITLE	INSTITUTION/FACILITY
R. Nelson, Jr.	Lt.	CAL. Ad Seg #2

APPROVAL

ASSOCIATE WARDEN'S SIGNATURE	DATE SIGNED
G. J. Janda	9/25/07

DATE RETURNED TO INMATE/PAROLEE
SEP 26 2007

RECEIVED CAL APPEALS SEP 14 2007

CAL

A0701747

DOCTORS HOSPITAL OF MANTECA
1205 East North Street
Manteca, CA 95336
J71342
DOB: 12/01/1967
Page 1

PT: ROBINSON, NEHEMIAH
MR#: 000239401
PT: 2
ADM: 09/25/2003
ACCT: 7474422
000203390 SONG

DHM
RM:
DIS:
AUTH ID: 0439

cc: CORRECTIONAL FACILITY

RADIOLOGY REPORT

DATE OF SERVICE: 09/25/03.

CLINICAL DATA
Swollen knee in a patient with history of anterior cruciate ligament repair.

MRI OF THE RIGHT KNEE

COMPARISON
None.

TECHNIQUE
Scanner: General Electric 1.0T Signa MR imaging system.
Sequences: Four sequences consisting of T1 weighted and T2 weighted sagittal images, T1 weighted oblique coronal images for anterior cruciate ligament, and T1 weighted fat-suppressed axial and coronal images.

RECEIVED CSP-SAC HEALTH CARE MANAGER -6 OCT 03 12:58

FINDINGS
There has been anterior cruciate ligament reconstruction, with femoral and tibial compression screws in place. The reconstructed ligament demonstrates no evidence of recurrent tear. * Posterior cruciate ligament is intact. The medial meniscus is intact. The ferromagnetic artifacts from the compression screws partially degrade the image quality of the lateral meniscus. Its posterior horn has a foreshortened appearance and a small tear at its inner margin. In addition, there is probable bucket-handle tear of the posterior horn as well. The patellar cartilage surface is normal. Minimal chondromalacia of the medial knee compartment and moderate chondromalacia of the lateral compartment is present with rather poor visualization. There is a stage II osteochondritis desiccans (8 mm) involving the lateral femoral condyle. Collateral ligaments and patellar retinacula are intact. Patellar and quadriceps tendons are normal. Ganglion cyst or abnormal bursal distension is not seen.

IMPRESSION
1. Status post anterior cruciate ligament reconstruction without evidence of tear.

CORRECTIONAL FACILITY

CA A0701747

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DOCTORS HOSPITAL OF MANTECA
1205 East North Street
Manteca, CA 95336

J71342
DOB: 12/01/1967
Page 2

PT: ROBINSON, NEHEMIAH
MR#: 000239401 DHM
PT: 2 RM:
ADM: 09/25/2003 DIS:
ACCT: 7474422 AUTH ID: 0439
000203390 SONG

RADIOLOGY REPORT

2. Lateral meniscal tear.
3. Osteoarthritis and stage II osteochondritis desiccans of the lateral femoral condyle and mild bone marrow contusion of the lateral tibial plateau.

CS:m7
D. 09/25/2003 2:48 P
T. 09/25/2003 9:01 P
JOB #:000203390
DOCUMENT # 1142491

CHULL SONG, M.D.

Not Authenticated until electronically signed.

Administratively Authenticated by
FRANK HARTWICK, M.D. 09/26/2003 13:33

CC: CORRECTIONAL FACILITY

Doctors Hospital Of Manteca
Tenet California
[illegible] North Street
Box 191
Manteca, CA 95336

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CAL
DOCTORS HOSPITAL OF MANTECA
A0701747 CDC J71342
FARR MOTEZA
12/01/59
000262078
B1 202L

IMPRINT PATIENT PLATE WITHIN THIS BOX

PROGRESS NOTES

AMBULATORY CARE CONSULTATION TREATMENT RECORD

CHIEF C/O: (R) knee pain

T P R B/P 120/82 Ht 5'10" WT 170

ALLERGIES: NKDA

MEDICATIONS: Tramadol, Prozac, Medaphure?

DATE LAST TETANUS

CONSULTATION/TREATMENT REPORT:

Pt. states had ACL reconstruction on early 2003 & felt better & recently when do exercises the knee swells up.

PE: [illegible] motion intact (B) lower ext. [illegible] Muscle strength 4/5 (B) lower, No lachman or drawer. No [illegible] today.

MRI report: ACL intact, lateral meniscal tear.

Per op report: Lateral meniscus was debrided. At this time recommend cortison injection.

RECOMMENDATIONS / PLAN:

Pt. refuses to have cortison injection and states will do stretching & strengthening exercises [illegible]

RECEIVED CSP-SAC HEALTH CARE MANAGER 23 DEC 03 09 55

C.I. Hooper DO

C.I. HOOPER, D.O.
PHYSICIAN & SURGEON
BOARD CERTIFIED
AOBFP

DIAGNOSIS: S/P (R) ACL repair

PROVIDER SIGNATURE

50186 (12/01)

RECEIVED CAL APPEALS JUN 27 2005 CAL A07017... "C"

RECEIVED CAL APPEALS SEP 14 2007

CAL B0601996

NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION TO PHARMACY AFTER EACH ORDER IS SIGNED.

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated, timed, and signed.)
2/7/05			1) Medical Chrono – medically prescribed x 1 year.
			2) Consult – Pain specialty (re) mild – back pain
			3) CDC: Pain Prof., Sed. rate, antibiotic [illegible]
			4) Medical chrono – 128C – the patient has fails severe arthritis of many and major joints and [illegible] of medical necessity to be transferred to a Southern California [illegible] prison with a warmer climate.
			5) Cane chrono – x 1 year.
			6) ALSO LYMES TITER BY WESTERN BLOT – NOT ELISA.
			7) XRAY (R) 9th rib (re) ↑ uptake on the bone scan. – R/O CA, trauma, etc.

ALLERGIES: NKDA

INSTITUTION: CSP-SAC

ROOM/WING: B2 114C

8) Consult – rheumatology (re) diffuse chronic joint pain.

9) F/U visit ↑ [illegible]

Confidential client information See W & I Code, Sections 4514 and 5328

CDC NUMBER, NAME (LAST, FIRST, MI)

J71342

ROBINSON, NEHEMIAH

12/01/67

PHYSICIAN'S ORDERS

CAL A0701747

RECEIVED CAL APPEALS SEP 14 2007

NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION TO PHARMACY AFTER EACH ORDER IS SIGNED.

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated, timed, and signed.)
	3/19/01		1) Robaxin 25 p.o. BID x 30 days.
			2) F/U w/ Medical bis of document chart.
CTP			3) lay-in x 1 week - given
F/U			[illegible signature]
Noted 3-19-01 [illegible] 1400			
	3/22/01		1) Chrono for double mattress due to medical condition (significant collagen-vascular disease)
Chrono			~~Elev~~ x 1 year
			Chrono for 2 soft pillows from outside for medical condition as allowed by custody. x 1 year.
supply			2) (L) knee brace. Medi [illegible]
CTP			3) ↑ Indocin to 50 mg p.o. TID (x 30 days). [illegible signature]
Noted 3/22/01 [illegible] 1020			

ALLERGIES:

INSTITUTION SAC

ROOM/WING C1

CDC NUMBER, NAME (LAST, FIRST, MI)

Robinson J 71342

Confidential client information See W & I Code, Sections 4514 and 5328

PHYSICIAN'S ORDERS

RECEIVED CAL APPEALS SEP 14 2007

STATE OF CALIFORNIA

CAL A 07 01747

DEPARTMENT OF CORRECTIONS

COMPREHENSIVE ACCOMMODATION CHRONO

INSTRUCTIONS: A physician shall complete this form if an inmate requires an accommodation due to a medical condition. Circle P if the accommodation is to be permanent, or T if the accommodation is to be temporary. If the accommodation is temporary, write the date the accommodation expires on the line. A new form shall be generated when a change to an accommodation is required or upon renewal of a temporary accommodation. Any new form generated shall include previous accommodations, if they still apply. Chronos indicating permanent accommodations shall be reviewed annually. This form shall be honored as a permanent chrono at all institutions.

A. HOUSING

None

Barrier Free/Wheelchair Access P / T

Ground Floor Cell P / T

Continuous Powered Generator P / T

Bottom Bunk P / T

Single Cell (See 128-C date:) P / T

Permanent OHU / CTC (circle one) P / T

Other P / T

B. MEDICAL EQUIPMENT/SUPPLIES

None

Limb Prosthesis P / T

Brace P / T

Crutches P / T

Cane: (type) P / T

Walker P / T

Dressing/Catheter/Colostomy Supplies P / T

Shoe: (specify) tennis shoes (self purchased) P / (T) 3/22/07

Dialysis Peritoneal P / T

Wheelchair: (type) P / T

Contact Lens(es) & Supplies P / T

Hearing Aid P / T

Special Garment: (specify) P / T

Rx. Glasses: P / T

Cotton Bedding P / T

Extra Mattress P / T

Other P / T

C. OTHER

None

Attendant to assist with meal access and other movement inside the institution. P / T

Attendant will not feed or lift the inmate/patient or perform elements of personal hygiene.

Wheelchair Accessible Table P / T

Therapeutic Diet: (specify) P / T

Communication Assistance P / T

Transport Vehicle with Lift P / T

Short Beard P / T

Other Waist restraints cuffs P / (T) 3/22/07

D. PHYSICAL LIMITATIONS TO JOB ASSIGNMENTS

Based on the above, are there any physical limitations to job assignments? ☐ Yes ☐ No

If yes, specify:

INSTITUTION	COMPLETED BY (PRINT NAME)	TITLE
HEALTH CARE Cal [illegible]	[illegible]	MD
SIGNATURE [illegible]	DATE 3/22/06	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
HCM/CMO SIGNATURE [illegible] CMO	DATE 3/27/07	Robinson, N J 71342
(CIRCLE ONE) (APPROVED) / DENIED	CC: RER Housing Officer	B1-133L

COMPREHENSIVE ACCOMMODATION CHRONO

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COMPREHENSIVE ACCOMMODATION CHRONO

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A. HOUSING

None

1. Barrier Free/Wheelchair Access P / T ______
2. Ground Floor Cell P / (T) 2/5/08
3. Continuous Powered Generator P / T ______
4. Bottom Bunk P / (T) 2/5/08
5. Single Cell (See 128-C date: ______) P / T ______
6. Permanent OHU / CTC (circle one) P / T ______
7. Other ______ P / T ______

B. MEDICAL EQUIPMENT/SUPPLIES

None

8. Limb Prosthesis P / T ______
9. Brace Neoprene knee brace P / (T) 2/5/08
10. Crutches P / T ______
11. Cane: (type) Straight P / (T) 2/5/08
12. Walker P / T ______
13. Dressing/Catheter/Colostomy Supplies P / T ______
14. Shoe: (specify) ______ P / T ______
15. Dialysis Peritoneal P / T ______
16. Wheelchair: (type) ______ P / T ______
17. Contact Lens(es) & Supplies P / T ______
18. Hearing Aid P / T ______
19. Special Garment: (specify) ______ P / T ______
20. Rx. Glasses: ______ P / T ______
21. Cotton Bedding P / T ______
22. Extra Mattress P / T ______
23. Other ______ P / T ______

C. OTHER

None

24. Attendant to assist with meal access and other movement inside the institution. P / T ______

Attendant will not feed or lift the inmate/patient or perform elements of personal hygiene.

25. Wheelchair Accessible Table P / T ______
26. Therapeutic Diet: (specify) ______ P / T ______
27. Communication Assistance P / T ______
28. Transport Vehicle with Lift P / T ______
29. Short Beard P / T ______
30. Other ______ P / T ______

D. PHYSICAL LIMITATIONS TO JOB ASSIGNMENTS

Based on the above, are there any physical limitations to job assignments? ☒ Yes ☐ No

If yes, specify: light duty, no pushing/pulling & no lifting

INSTITUTION California	COMPLETED BY (PRINT NAME) Sun Oot	TITLE MD
SIGNATURE [signature]	DATE 2/5/08	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
HCM/CMO SIGNATURE [signature]	DATE 2/11/08	Robinson Nehemiah
APPROVED (list the number of items approved) x4	Housing Assignment	J71342 B2-107
DENIED (list the number of items denied)		DOB 12-01-67

COMPREHENSIVE ACCOMMODATION CHRONO

Robinson, Nehemiah v. T. Catlett, et al.
USDC-Southern District Case No. 08-CV-00161-H (BLM)

EXHIBIT 4

70126259.wpd

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INMATE/PAROLEE APPEAL FORM

E-FILE COPY

CDC 602 (12/87)

Location: Institution/Parole Region CAL

1. ____________

2. ____________

Log No. B 0701769

1. ____________

2. ____________

Category 11

For CDW Review of Staff Complaint

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
NEHEMIAH ROBINSON	J-71342		A-5-109L

A. Describe Problem: PETITIONER HEREBY MOVES TO FILE A 1ST AMEND. CIVIL RIGHTS CITIZEN COMPLAINT § 832.5 P.C. AGAINST " T.A. CATLETT, CORRECTIONAL SERGENT, FACILITY B, CALIPATRIA STATE PRISON; FOR PERJURY AND FRAUD IN FALSIFYING AND FABRICATING FALSE ALLEGATIONS, ALLEGING THAT "PETITIONER WAS OBSERVED . . . STRIKING THE OTHER INMATE NUMEROUS TIMES WITH THE CANE" ON FRIDAY, AUGUST 17, 2007, AT APPROXIMATELY 11:29 HOURS, AND SGT. CATLETT REFER TO THE CRIME/INCIDENT REPORT, LOG # CAL-FBY-07-08-0240. NO EVIDENCE OF SUCH FALSELY SUBMITTED STATEMENTS WERE NEVER CORROBORATED NOR SUSTAINED. I HEREBY INVOKE MY FEDERALLY SECURED AND ESTABLISHED RIGHT TO FILE PERJURY AND FRAUD CHARGES →

If you need more space, attach one additional sheet.

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B. Action Requested: WHEREFORE PETITIONER RESPECTFULLY REQUEST 1) THAT AUTHORIZED STAFF INSPECT AND CORRECT THE CDC 128-B DATED 8-17-07 GENERATED BY SGT. CATLETT 2) SGT. CATLETT BE COUNSELED SO THAT THIS ACT DON'T REPEAT ITSELF, AND 3) COMPENSATED IN THE AMOUNT OF $ 5000.00 FOR LIBEL AND SLANDER AND PAIN AND SUFFERING. I EXTEND MY GRATITUDE IN ADVANCE.

Inmate/Parolee Signature: [signature] Date Submitted: 9-12-07

C. INFORMAL LEVEL (Date Received: ____________)

Staff Response: ____________

Staff Signature: ____________ Date Returned to Inmate: ____________

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

CSP-CAL BYPASS

Signature: ____________ Date Submitted: ____________

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:

CAL B 0701769

CONT. OF A:
(DESCRIBE PROBLEM)

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CAL B0701769

RECEIVED CAL APPEALS OCT 2 4 2007

AGAINST "SGT. CATLETT" FOR VIOLATIONS OF PENAL CODES SECTS. § 115, 118(a), 135, 132 ASSERTING IT IS A CRIME TO SUBMITT ANY TYPE OF FALSE OR FABRICATED STATEMENT SUBMITTED ON A GOVERNMENT FORM TO A STATE